

State of Delaware Water Operator In Training Full License Application

Upgrading to a full license is the process that registered operators must comply with under the State of Delaware's standards to maintain their status as certified operators.

General Instructions

- Please read and follow all instructions carefully. **Complete Both Pages** fully and accurately.
- Please allow 4 weeks for processing before calling to check on the status of your application.
- Mail completed application to: Division of Public Health, Office of Drinking Water

Blue Hen Corporate Center 655 Bay Road, Suite 203

Dover, DE 19901

• Questions? Phone (302) 741-8630

General Information	Certification Information
Social Security Number	Certificate Number
Name	Endorsements
Address	
City	Status Information
State	Are you currently working at a water system?
Zip / Postal Code	If yes, which system
Work Phone	
Fax	Office Use Only:
Home Phone	
E-Mail Address	Approved:
	Not Approved:
Verification of Work Experience	
The supervisor of the plant must fill out the follo I verify the applicant shown above has actively w training status.	owing: worked at this water system during the period of his/her operator-in
Signature	Title
Print Name	Phone Number
System Name	
System Address	

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Certification Information

The certificate is for a 2-year certification from the time of initial licensing as an Operator In Training (OIT).

Before the certificate expires, you will receive a renewal application. If you have a change of address before your certificate expires, please notify the Division of Public Health, Office of Drinking Water.

Acknowledgement

I, the undersigned, certify that I am the above applicant; that all statements made and information contained in this application are true and correct to the best of my knowledge and belief; that I understand that any omissions of misrepresentations may result in ineligibility for certification or revocation of any certificate granted. I understand that the enclosed fee is non-refundable. Further, should I have received the certification under false circumstances, I will immediately surrender the certificate to the Division of Public Health, Office of Drinking Water. I also consent to a thorough investigation of my application for the purpose of verification of my qualifications for certification. I waive all claims and agree to indemnify and hold harmless the Division of Public Health, Office of Drinking Water for any action taken pursuant to the rules and standards of the Division of Public Health, Office of Drinking Water with regard to my application and/or my certification except claims based on gross negligence or lack of good faith.

Signature of Applicant		
Date		

Continuing Education Requirement Reminder:

Attach documentation of <u>completion of continuing education requirements</u> (20 contact hours with endorsements or 12 contact hours with base level) earned within the two-year period of your certificate.

The documentation can be in the form of training course certificates, transcripts, etc. It **must** contain the following information: Course Title, Instructor, Date of Completion and Contact Hours. The following is only a guideline to the courses accepted:

- Math and Science courses
- Environmentally related courses that are useful for drinking water
- Correspondence courses from California State University in Sacramento, or similar
- Safety / Security courses
- Courses sponsored by WEF, AWWA, DRWA, EPA, DPH that are drinking water related
- In house training, documented with a sign-in sheet listing title, instructor, synopsis of course, date and time
- Job-related computer courses

Note: 10 contact hours = 1 continuing education unit (CEU)

1 course hour = 1 educational contact hour